

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. **94**  
Co. Registrar No. **187**  
Local Registrar's No. \_\_\_\_\_

**PLACE OF BIRTH**  
County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD MARINA Teyeechea  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 28</u> 191 <u>8</u> (Month) (Day) (Yr.)	Born <u>YES</u> Alive <u>no</u>
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<b>FATHER</b>				<b>MOTHER</b>			
Full Name <u>Benjamin Teyeechea</u>				Full Maiden Name <u>Ester Corona</u>			
Residence <u>Hayden, Ariz.</u>				Residence <u>Hayden, Arizona</u>			
Color or Race <u>Mexican</u>		Age at last Birthday <u>26</u> (Years)		Color or Race <u>Mexican</u>		Age at last Birthday <u>21</u> (Years)	
Birthplace <u>Mexico</u>				Birthplace <u>Arizona</u>			
Occupation <u>Laborer</u>				Occupation <u>Housewife</u>			

Number of child of this mother... 3      Number of children, of this mother, now living... 3      Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on April 28 1918, at 3:30 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. Swackhamer M.D.  
(Attending physician, midwife, householder\*)

Address Hayden, Arizona

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Filed May 7 1918      A True Copy B. E. Sax  
COUNTY REGISTRAR.      LOCAL REGISTRAR.      COUNTY REGISTRAR.

031-428-531  
COUNTY REGISTRAR.